

Your Name: James L. Dye  
 Address: 434 Seagull Ct. Hercules, Ca 94547  
 Phone Number: (707) 561-8102  
 Fax Number: (415) 729-1819  
 E-mail Address: jamesdye135@gmail.com  
 Pro Se Plaintiff

**FILED**  
 NOV 30 2016  
 SUSAN Y. SOONG  
 CLERK, U.S. DISTRICT COURT  
 NORTHERN DISTRICT OF CALIFORNIA  
 OAKLAND  
 Free Paid  
 ISS.  
 (3)

United States District Court  
 Northern District of California

James L. Dye  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Plaintiff(s),  
 vs.  
 United States Govenment  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Defendant(s).  
 \_\_\_\_\_

**C16- 6882**

Case Number: *[leave blank]*

**COMPLAINT**

**DEMAND FOR JURY TRIAL**

Yes ☐ No ☒

**1. Parties in this Complaint**

a. **Plaintiff(s).** *Write your name, address, and phone number. If there are other plaintiffs, use more pages to include their names, addresses, and phone numbers.*

Name: James L. Dye  
 Address: 434 Seagull Ct.  
Hercules, Ca 94547  
 Phone number: (707) 561-8102

COMPLAINT

PAGE 1 OF 6 [JDC TEMPLATE]

**b. Defendant(s).** *Write the full name and address of every defendant. If the defendant is a corporation, write the state where it is incorporated and the state where it has its main place of business. Use more pages if you need to.*

**Defendant 1:**

Name: United States Government

Address: Assistant United States Attorney

Northern District of California

**Defendant 2:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

**Defendant 3:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

**Defendant 4:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

**2. Jurisdiction**

*Usually, only two types of cases can be filed in federal court: cases involving "federal questions" and cases involving "diversity of citizenship." Check at least one box.*

☒ My case belongs in federal court under federal question jurisdiction because it is about federal law(s) or right(s).

Which law(s) or right(s) are involved? 28 U.S.C. 1346(b)

☐ My case belongs in federal court under diversity jurisdiction because none of the plaintiffs live in the same state as any of the defendants AND the amount of damages is more than \$75,000.

COMPLAINT

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1           **3. Venue**

2           *This Court can hear cases arising out of Alameda, Contra Costa, Del Norte, Humboldt,*  
 3 *Lake, Marin, Mendocino, Monterey, Napa, San Benito, Santa Clara, Santa Cruz, San Francisco,*  
 4 *San Mateo, and Sonoma counties. This is the right court to file your lawsuit if 1) All defendants*  
 5 *live in California AND at least one of the defendants lives in this district; OR 2) A substantial*  
 6 *part of the events you are suing about happened in this district; OR 3) A substantial part of the*  
 7 *property that you are suing about is located in this district; OR 4) You are suing the U.S.*  
 8 *government or a federal agency or official in their official capacities and you live in this district.*  
 9 *Explain why this district court is the proper location to file your lawsuit.*

10           Venue is appropriate in this Court because The incident occurred in Oakland, Ca. in  
 11 the County of Alameda.

12  
 13           **4. Intradistrict Assignment**

14           *There are three divisions of this Court: San Francisco/Oakland, San Jose, and Eureka.*  
 15 *The San Francisco/Oakland division covers Alameda, Contra Costa, Marin, Napa, San*  
 16 *Francisco, San Mateo, and Sonoma counties. The San Jose division covers Monterey, San*  
 17 *Benito, Santa Clara, Santa Cruz counties. The Eureka division covers Del Norte, Humboldt,*  
 18 *Lake, Mendocino counties, only if all parties consent to a magistrate judge. Explain which*  
 19 *division your case should be assigned.*

20           This lawsuit should be assigned to [Select one: San Francisco/Oakland, San Jose, OR  
 21 Eureka] Division of this Court because The incident occurred in Oakland, CA.

22  
 23  
 24           **5. Statement of Facts and Claims**

25           *Write a short and simple description of the facts of your case. Include WHERE and*  
 26 *WHEN the events happened, WHO was involved, WHAT role each defendant played, and HOW*  
 27 *you were harmed. If you know which laws or rights the defendant violated, you can include them,*  
 28 *but you do not need to make legal arguments. Put each fact or claim into a separate, numbered*

COMPLAINT

PAGE 3 OF 6 [JDC TEMPLATE]

1 *paragraph, starting with 5a, 5b, and so on. Attach additional sheets of paper as necessary. You*  
2 *may attach documents that support your claims to the end of this Complaint as exhibits. Explain*  
3 *what each exhibit is, when and how you got it, and how it supports your claims. Attaching a*  
4 *document to your Complaint does not necessarily mean that it will be accepted as evidence.*

5 I suffered bodily injury after I slipped and fell on January 8, 2010, upon entering the Ron  
6 Dellums Building located at 1301 Clay Street in Oakland, CA. at approximately 12:00 o'clock  
7 noon. It had been raining all day and the marble floors in the building were wet and slippery.

8 The janitors had attempted to put down rugs, but left a a three-to-four foot gap between the  
9 doorway and the edge of the rug. The gap was not that visible and when I made a left turn, I  
10 slipped. I went down on my knees and then landed on my back; injuring my back, my knees,  
11 head and my ankle. I was rendered unconscious and when I came to, I remember the Security  
12 Officer standing over me asking me if I was alright. He then helped me off the floor, without  
13 checking for injuries and he sat me on a marble bench when he called for and ambulance.

14 Ms. Martha L. Pickett, who witnessed the incident was accompanying me. She is now  
15 deceased. The Security guard who help me also witnessed the incident.

16  
17 In addition, I am requesting that the deadline for timely filing of this claim  
18 be extended due to the fact that my several attempts to file a claim were thwarted by the  
19 failure of responsible government representatives to handle my claim properly.

20 Also, responsible government representatives failed to accurately inform me that my claim  
21 was not correctly filed with the "appropriate" federal agency.

22 \* My claim was filed with the Department of Homeland Security on January 5, 2012. In  
23 a follow-up phone call with the same representative ( Mr. Levi), I was not informed that  
24 my claim was not filed with the appropriate office; instead he proceeded as if I had  
25 successfully presented my claim when I faxed it him. I later learned that the form actually  
26 should have been transferred from Homeland Security to the the appropriate Agency.

27 When I realized nothing had come of the filing I began calling in attempt to track the status  
28 of my claim. It was not until 2015, that I was accurately directed to the appropriate Agency.

COMPLAINT

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1 At that time the claim was filed again, this time I did receive a response. The response indi-  
2 cated that my claim was denied because it had not been filed timely within the statute  
3 of limitation. The code of Federal Regulations Title 28. Chp. 1 Part 14.2(b) (1) states that  
4 "A claim shall be presented to the federal agency whose activities gave rise to the claim. When a  
5 claim is presented to any other federal agency, that agency shall transfer it forthwith to the  
6 appropriate agency, if the proper agency can be identified from the claim, and advise the  
7 claimant of the transfer..." I am requesting that the timeline for filing be adjusted to allow for  
8 the erroneous handling of my claim by the government representative that received my  
9 original claim.

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COMPLAINT

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**6. Demand for Relief**

*State what you want the Court to do for you. For example, depending on which claims you raise, it may be appropriate to ask the Court to award you money or order the defendant to do something or stop doing something. If you are asking for money, you can say how much you are asking for and why you should get that amount.*

Requesting the court award me \$35,000.00 (thirty-five thousand dollars) for medical bills, legal fees and pain and suffering.

**7. Demand for Jury Trial**

*Check this box if you want your case to be decided by a jury, instead of a judge.*

☐ Plaintiff demands a jury trial on all issues.

*All plaintiffs must sign, date, and print their names at the end of the Complaint. Attach another page if you need to.*

Respectfully submitted,

Date: 10-28-2016

Sign Name:

Print Name:



JAMES L. DYE

COMPLAINT

PAGE 6 OF 6 [JDC TEMPLATE]

## CONSOLIDATED STATEMENT OF BENEFITS

PATIENT'S NAME: JAMES L DYE  
HEALTH PLAN: KAISER PERMANENTE NORTHERN CALIFORNIA  
DATE OF INJURY: 1/8/2010  
SERVICE PERIOD: 1/8/2010-5/19/2010  
EVENT NUMBER: HRI 11944080-11944050

Subject to change.

### Instructions:

- If remitting payment, make checks payable to: Trover Solutions.
- Write the patient's name, JAMES L DYE, and event number, 11944080-11944050, on the check.

Provider of Service	Diagnosis Code	Claim Number	
Date of Service	Procedure Code(s)	Billed Amt.	Provided Benefits
OAK-KAISER EPIC RES	844.9 SPRAIN KNEE/LEG	E-H05213572901	
1/8/2010	320 DX X-RAY	\$358.00	\$358.00
1/8/2010	320 DX X-RAY	\$358.00	\$358.00
1/8/2010	450 EMERG ROOM	\$900.00	\$900.00
5/13/2010	719.46 PAIN JOINT LOWE	E-H05241741501	
OAK-KAISER EPIC RES	320 DX X-RAY	\$358.00	\$358.00
1/8/2010	845.10 SPRAIN FOOT UNS	E-P05522454290	
	99283 EMERGENCY VISIT	\$335.00	\$335.00
1/8/2010	719.47 PAIN JOINT ANKL	E-P05522526140	
1/8/2010	73610 ANKLE COMPLETE M	\$39.00	\$39.00
	73630 FOOT COMPLETE MI	\$39.00	\$39.00
1/15/2010	719.46 PAIN JOINT LOWE	E-P05522454260	
1/15/2010	COPAY CO-PAYMENT	\$0.00	\$-10.00
	99214 OFFICE OUTPATIEN	\$265.00	\$265.00
3/3/2010	272.4 HYPERLIPIDEMIA O	E-P05522526150	
	99214 OFFICE OUTPATIEN	\$265.00	\$265.00
5/12/2010	719.46 PAIN JOINT LOWE	E-P05522454260	
	99214 OFFICE OUTPATIEN	\$265.00	\$265.00
5/13/2010	719.46 PAIN JOINT LOWE	E-P05522454300	
	73564 KNEE COMPLETE IN	\$55.00	\$55.00
5/14/2010	845.00 SPRAIN ANKLE UN	E-P05522454310	
	99203 OFFICE OUTPATIEN	\$310.00	\$310.00
5/18/2010	719.46 PAIN JOINT LOWE	E-P05522454270	
	99203 OFFICE OUTPATIEN	\$310.00	\$310.00
5/19/2010	845.00 SPRAIN ANKLE UN	E-P05522454280	
5/19/2010	97535 SELF CARE MGT TR	\$135.00	\$135.00
	97001 PT EVALUATION	\$320.00	\$320.00
Total Billed Charges		\$4,312.00	
Total Benefits Provided		\$4,302.00	
		Amount Received	\$0.00
		Balance Due	\$4,302.00

KAISER PERMANENTE

PAYMENT RECEIPT

MRN: 110007959313 Name: DYE, JAMES L

Visit Coverage: KFHP 1000

Service Date/Time: 1/8/10 12:56 PM

Service Type: Emergency

Dept: OAK-ED\*\*

Payment Date/Time: 01/15/2010 11:48 AM

Amount Received: \$35.00

Source: Credit Card Ref: K240609

Account ID: 31812809073

Advance Directive: Copy requested

You have paid the above amount toward your total charges for services you will receive today or during this hospital admission. If this does not cover your full financial liability, you will receive a bill for additional charges based on the specifics of your health coverage plan, your included benefits, and the actual services you receive. If you have questions or want more information about your benefits, limitations, exclusions, and charges please call the telephone number on your identification card.

Your health info online. Register at [kp.org](http://kp.org) for a healthier way of life.

PERSONAL PHYSICIAN(S)

GENERAL: DAVIS, RAYMOND LEE (M.D.)



-----  
RECEIPT FOR RELEASE OF INFORMATION

Patient: DYE, JAMES L [110007959313]

Requested By:

DYE, JAMES L  
3451 35TH AVE #1  
OAKLAND, CA 94619-1341

Account Number: 318900458087  
Date Paid: 12/29/11

Total Amount Billed.....: \$ 14.25  
Amount Paid.....: \$ 14.25  
Payment Source.....: Cash  
Reference.....:

Amount Due.....: \$ 0.00  
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Please send remittance to: Medical Secretaries Department  
280 West MacArthur Blvd.  
Oakland, CA 94611